



SHUSU
Sustainable Housing &
Urban Studies Unit

'I was frightened to put the heating on.'

Evaluating the Changes4Warmth approach to cold homes and mental health

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Beat the Cold is an independent specialist charity working across Staffordshire, Stoke-on-Trent and neighbouring areas to combat fuel poverty and reduce the incidence of cold-related ill health. For over 20 years Beat the Cold has provided high-quality, tailored advice to nearly 40,000 local people to help them take control of their energy use at home, find best tariffs, avoid fuel debts, access energy efficiency measures, and reduce the risk of fuel poverty. The charity also contributes to local and national fuel poverty strategies including the 2015 NICE Guidance.



The Cheshire Lehmann Fund charity was established in memory of Professor John Cheshire and Dr Peter Lehmann. Both men were Fabian socialists who had a commitment to community and environmental energy causes long before awareness of climate change became widespread. John and Peter were very active across a range of professional bodies and were also engaged in charitable causes linked to energy efficiency and poverty alleviation. The primary objective of the Cheshire Lehmann Fund is to support young academics and community groups wishing to undertake active research or evaluation into the relationship between fuel poverty and energy efficiency.



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Thermometer card designed by Changes Health and Wellbeing volunteers as part of the Changes4Warmth project.

1. Introduction



1.1 Overview

Beat the Cold is currently delivering Changes4Warmth, a Big Lottery funded project in partnership with Changes Health and Wellbeing. It aims to address the fuel poverty of people with mental health needs through offering assistance to mental health service users.

The Chesshire Lehmann Fund has funded a research project to be carried out in partnership with SHUSU to evaluate the approach of the programme, in particular the home visits provided as part of it. The research is one part of the overall evaluation of Changes4Warmth.

This research project has been co-produced with Beat the Cold and Changes Health and Wellbeing staff and volunteers, who have been involved in the design and delivery. In particular, volunteer interviewers received training in research and interviewing and carried out some of the interviews.

This report documents the research project, starting with some context on the links between cold homes and mental health. It then outlines the approach taken to the research and discusses the challenges faced in its delivery, before presenting the findings and concluding points.

1.2 What is Changes4Warmth?

Beat the Cold is a fuel poverty charity working across Stoke-on-Trent, Staffordshire and surrounding areas providing information, advice and support to those at risk from cold homes. Amongst the most vulnerable are people with mental health needs.

Changes4Warmth is a partnership between Beat the Cold and local mental health charity, Changes Health and Wellbeing.

This 3 year project is funded by the Big Lottery Fund and aims to reduce fuel poverty amongst people with mental health issues. The project is delivered through Beat the Cold energy advisors and volunteer energy champions. A key element of Changes4Warmth is home visits carried out by qualified energy advisors.

Its intended outcomes of Changes4Warmth include improved confidence to manage fuel costs and consumption, reduction in fuel costs and improved energy efficiency, improved mental and physical health and wellbeing and, for project volunteers, improved confidence and skills to take up new training, educational and employment opportunities.

1.3 Context

Fuel poverty and, more broadly, the experience of living in cold and damp homes is recognized as a social problem (Boardman 2012) that has important implications for physical and mental health (de Cronin de Chavez 2013). Many of those vulnerable to fuel poverty are unemployed, disabled, ill,

retired or on low incomes (Vaze and Tindale 2011). The poor are disproportionately likely to live in energy-inefficient homes, with the result that they have to spend more money to reach reasonable levels of comfort: Boardman terms this 'expensive warmth' (Boardman 2012: 143).

In their strategic review of health inequalities in England, Marmot et al. (2010) identify fuel poverty as one of the factors that deepen inequality. The range of health implications of cold homes includes excess winter deaths, circulatory diseases, respiratory problems, the risk of falls in the elderly, and mental ill health (The Marmot Review Team 2011).

Research has drawn connections between fuel poverty and aspects of mental wellbeing and mental health. Poor housing conditions, which include cold and damp, have been found to impact upon factors such as self-esteem and self-respect, as well as motivation to engage in physical exercise (Rouse et al. 2011), and create a sense of helplessness (The Marmot Review team 2011). Sharpe et al. (2015) note that the presence of dampness or mould in a dwelling is associated with depression, mediated through an individual's perception of the control that they have over their home. Broader wellbeing issues associated with cold homes include social isolation, with costly fuel bills preventing people going out and people reluctant to invite friends into a cold house or one in which 'coping mechanisms', such as keeping curtains closed during the day and living in

one room, are evident (Christmas and Russell 2016).

There is evidence that investment in improving homes can have a positive impact on mental health. A study of the Warm Front package, for example, found that the chances of suffering depression decreased as the average temperature of bedrooms increased (The Marmot Review Team 2011).

Research by Save the Children (2008) indicated that cold homes can impact upon children's educational development, and that measures to reduce fuel poverty can lead to improvements such as making warm space available to do homework. It also reported that fuel poverty had 'highly significant' effects on adolescent risk-taking and truancy and that living in a room that was inadequately heated was the only housing quality factor associated with four or more negative mental health outcomes.

This brief review of the available literature outlines the range of ways in which experiences of cold and damp homes can contribute towards poor physical and mental health. It is also the case that the experience of fuel poverty itself can cause stress and anxiety (The Marmot Review Team 2011), which in turn worsen health and potentially force householders to make trade-offs between other important costs such as groceries, educational activities and socialising (Middlemiss and Gillard 2013).



2. Methodology



2.1 The approach

The CLF research was co-produced with staff and volunteers from Beat the Cold and Changes Health and Wellbeing (Changes). Volunteers, who are Changes Health and Wellbeing service users who were involved in the Changes4Warmth programme – for example, through support groups – were invited to take part in the research project as interviewers, and the research approach was developed in collaboration with the Changes4Warmth advisory group.

2.2 Interviews

Two interviewer training sessions were provided, the first involving 4 service users, one member of staff and one volunteer, the second involving 3 users, one member of staff and one volunteer. The first covered the basics of research approaches and involved discussing research and interview questions. The second focused on interviewing techniques and included watching and commenting on videos of example interviews.

Following this training, 11 interviews were conducted by the volunteers and an additional staff member. These were structured around a set of questions agreed during the training and finalized with staff in the following weeks. The interviews were carried out at the Changes offices to avoid any ethical issues arising from volunteers going into people's homes. Although the plan given in the bid involved interviews in service users' homes, following discussions with the volunteer coordinator it was decided that volunteers and interviewees would be more comfortable if the interviews were carried out

in the Changes offices, where the interviewees would be used to attending events.

The interviews were recorded by the interviewer and then passed to the author for transcription and analysis. Analysis was carried out by the author using NVivo qualitative analysis software to identify themes arising through the research.

The interviews focused on the home visits provided to the service users as part of the Changes4Warmth programme and covered the following areas:

- The experiences of the interviewee with mental health, keeping warm at home, and any connection between these.
- Their recollections of the home visit and their opinions about the way it was conducted and the information provided to them as part of it.
- What had changed since the visit, including their mental health, how they keep their home warm, how much they spend on heating, and how they feel about managing their household finances.
- Their confidence in being able to raise issues with their utility provider, particularly following the home visitor having taken them through this during the visit.
- Their thoughts about the future of Changes4Warmth or similar approaches.

Interviewees were service users who had had at least one home visit as part of the Changes4Warmth programme. They were selected from the Changes4Warmth database to give a spread of gender, age and location within the area covered

by Changes. Results from a post-visit questionnaire were available, and were used to find a spread of people based on their answer to the question 'Does a cold home or worry about fuel bills affect your mental health and wellbeing?', with a weighting towards those who said it was a concern. It should be noted that there was no attempt in this research project to define mental health or to select interviewees based on the extent of their mental health issues. The interviewees were chosen from the Changes Health and Wellbeing service users and it can be assumed that they will have varying levels of mental health problems. It is therefore not possible to clearly ascertain to what extent the views and experiences of this group differ from the general population.

Of the 11 interviewees, 6 were male and 5 were female. 7 were in the age group 40 to 50, 3 in the 50 to 60 group, and 1 was between 60 and 70.

2.3 Challenges and limitations

It is fair to say that difficulties were experienced in recruiting interviewers and interviewees and that these were more substantial than the researcher and Changes staff had anticipated.

The volunteer coordinator reflected on the difficulties in recruiting interviewers and attributed this in part to low levels of confidence in taking part in a research project. They also had to turn a few people away due to illnesses that they felt could have resulted in inappropriate behaviour. The experience highlighted the need to recognize that mental health is not static, with people expressing an interest and then finding they were too ill to attend. One person attended the first training session but then reportedly was not able to attend the second session due to ill health.

The process of arranging interviews was also challenging. The aim was to carry out 20 interviews, and 11 were completed. Part of the issue was the willingness and ability to take part, which reflected the potential interviewees' availability, the state of their health, and their ability to travel to the office – although money for transport was offered. However, in recruiting interviewees, the volunteer coordinator also found that people were denying their involvement with the organization and reflected that people who have been through stressful periods, particularly related to often stigmatized conditions, may want to move on and sever connections with it. The process was doubly complicated by the fact that both the proposed interviewers and the interviewees were subject to fluctuations in health, transport-related challenges and other time pressures such as part-time work, and this was found

to be particularly limiting when recruiting interviewees and arranging interviews.

In January 2016, a new volunteer coordinator started and took over responsibility for interviewee recruitment. The former volunteer coordinator, who had attended the interview training, had moved and created a vacancy. A decision was made that this person would make themselves available to arrange and carry out the interviews as the project deadline was approaching and because, as a staff member, this person would be less subject to conflicting time pressures and able to step in when volunteer interviewers became unavailable. This person had not taken part in the training, but did have experience of working in the mental health field. They did not participate in the training, but did receive a briefing from the author and an opportunity to talk through issues. This staff member did five interviews, and three volunteers did four, one and one, respectively.

In considering the findings from this report it is useful to bear in mind the following potential limitations.

Towards the end of the research, as it became clear how difficult it was to recruit interviewees and arrange interviews, the recruitment process became less targeted and the sample therefore less focused on people who had expressed concerns about a cold home and worry about fuel bills affecting their mental health.

The interviewees were necessarily self-selecting, as participation was entirely voluntary, and it may therefore be the case that there are service users with much deeper anxiety issues who were unable to talk to us but would have had valuable insights to share. With this relatively small project, it was not possible to invest the time needed to reach the truly 'hard to reach'.

Although having volunteers from the Changes network carry out the interviews was extremely valuable in terms of gaining the trust of interviewees, and was a valuable developmental opportunity for them and the organization, it should be borne in mind that they had very limited experience of interviewing and the time available for training was relatively small. It was not possible to really develop some of the more advanced techniques of semi-structured qualitative interviewing, such as delving deeper into some experiences through prompts or returning to issues raised to confirm and contextualize, and the interviewers relied almost entirely on scripted questions. It is also possible that interviewees would have been more willing to be open and honest with an interviewer external to the organization and its network.

3. Findings



3.1 Introduction

This chapter presents the findings of the research. It presents issues arising from the interviews and uses direct quotes from interviewees to illustrate them. It starts by exploring the relationship between cold homes and mental health, as understood through the experiences of the service users. It looks at how interviewees perceive the delivery of the home visits and continues by focusing on three particular outcomes of the home visits: confidence in contacting utilities, the Warm Homes Discount, and changing practices. Finally, it explores the views of the interviewees about the role of volunteers in the programme.

3.2 Cold homes and mental health

Generally speaking, the interviews reaffirm existing evidence of a relationship between mental health and cold homes. Some interviewees expressed this as a clear relationship – *‘If you’re not warm it makes your mental health bad’*; *‘There has been times when my health has been affected by it being too cold’*. Another expanded upon this to associate the cold with mood, when asked if cold affected their mental health – *‘Yes, I think so. Perhaps my concentration and my get-up-and-go. Your motivation is a bit... [affected]’*. Another spoke in general terms about temperature and mood: *‘Yes, I’d say being too cold does bring you down a bit at the end of the day’*.

One interviewee, however, whilst recognizing the connection, had a more limited personal experience of this: *‘I’d say no, but I do know the issues that it can. It doesn’t really affect the wellbeing’*.

In referring to temperature, interviewees generally problematized cold rather than warmth, and the implication was that it is easier, and less expensive, to cool a home down than it is to warm it up:

[My wellbeing is] not affected by being too warm, because if it’s too warm I can turn the heating off or I can open doors, it’s a lot easier to deal with, in particular the back room being too warm, I just open a door I guess. But yes, I would say my health is definitely affected. There have been times when my health has been affected by it being too cold.

Wellbeing referred not only to the interviewee but also their dependents. In this case, the interviewee needed to maintain good health in order to care for their mother, recognizing the wider societal benefits of this:

We need to keep well. I need to keep well. If I’m not well my mother goes downhill and if she goes downhill it’s going to cost the NHS a lot of money. In other words, Changes4Warmth has helped me save the NHS a few thousand pounds.

This extended beyond family members to other aspects of interviewees' lives on which they placed value and which 'competed' with heating in the household budget: *'I also, you see, have to run my pumps on my fish so I'd rather go without than them not have as well because it's another bill'*.

Cold also affected physical conditions and this in turn impacted upon mental health:

I'd probably put [the heating] on in the morning when I was really poorly I'd have to go bed in the afternoon because you can't afford to have the heating on all day because with [fibromyalgia] once you get cold your muscles stiffen and then you're in agony.

However, it was clear from the interviews that the impacts on mental wellbeing associated with keeping warm at home related not only to the direct impacts of cold temperatures but also to the potentially stressful task of managing the home, keeping on top of bills and balancing budgets. The same interviewee expressed this sentiment, illustrating the anxiety associated with using the heating:

In a way that before I was frightened to stick the heating on... So then I used to go bed in the afternoon, switch the heating off and then get up and switch the heating on, give it an hour, let the house warm through and then get back up again.

Another interviewee had recently separated from a partner and was having to learn to manage the household bills by themselves: *'I'm having to deal with everything on my own so I just literally got all the bills in my name and I didn't know if I'd done right or wrong'*.

As discussed further below, the issue is not simply the relationship between mental health and thermal comfort, but about issues that are less tangible and easy to measure such as the sense of control householders have over their home, as well as a degree of stress that results from managing energy-hungry services and the costs associated with them.

3.3 The delivery of home visits

Interviewees responded positively to questions about the home visit and clearly appreciated the service being offered to them. A particularly important aspect that was highlighted in the interviews was that the home visitor was prepared to be flexible. Several interviewees mentioned a sense of being able to take as much time as needed: *'She was quite happy to stay as long as it was needed to go through everything'; 'I had as much time as I wanted. I was actually surprised how long the visit lasted'; 'To me there was no rush. It seemed as though she had all the time to do whatever she had to do... she was there until she'd done the job'*.

This flexibility appeared to be important in the context of anxiety, and it seems that the home visitors were able to put the service users at ease by allowing them to work at their own pace. None of the interviewees said that they needed to rearrange their sessions, but the feeling that they could if necessary was seen to be important:

...she was there as long as she needed to be but I do feel that if there had been a problem, i.e. with my anxiety, there would have been no problem in rearranging it, breaking off...

More generally, the interviewees implied that the home visitors were skilled in making them feel at ease. For one, it *'didn't take us long to bring anxieties down and to become relaxed in her company'*, and another emphasized the importance of this in a mental health context:

When you're [in mental] distress people get very anxious when people come out, and I felt at ease.

We had a laugh. I felt at ease and with having anxiety I know I do talk a lot so she just put me at ease, it was like having a friend round. I didn't feel pressured.

These accounts demonstrate the importance that the service users placed on the home visitors having skills and understanding relating to their needs, and approaching the visits sensitively and flexibly. They highlight the importance of this personal approach alongside more subject-specific knowledge, in this case energy efficiency and energy saving. Their ability to communicate the subject of energy efficiency was not in question and the visitors were *'really knowledgeable and very friendly and passed it over in a way that you could understand'* and *'it was clear, concise, she used language that I could understand'*. What the interviews highlight is that this is a necessary rather than sufficient condition.

3.4 Confidence in contacting utilities

A core part of the home visit was the advisor phoning the service user's utility company to discuss their tariff. This was carried out on speakerphone so that the service user could learn from the experience. This was positively received by all the interviewees, and it was noted that the calls resulted in securing the Warm Homes Discount for the service users. However, interviewees differed in terms of the effect of this on their attitude towards their own ongoing engagement with the utility companies.

For one interviewee, the experience had given them confidence to make similar calls in the future, and they had followed up by contacting another energy provider following the home visit. This appeared to relate not only to the ability and confidence to make the call but also to attitudes towards asking for help: *'it's given me a bit more gumf to actually go out and say "Yes, I need a bit of help" – I won't be frightened of admitting it now, put it that way'*. They also mentioned that it had drawn their attention to options such as this being

available: that is, not only that it was OK to ask for help, but the possibility that there might be help available. This person had contacted their gas provider themselves:

So I then contacted the gas company and said, 'I've been put on by the electricity companies, on their vulnerable list, can you do it?' A little bit more awkward with the gas company but I felt so pleased.

This confidence seemed to stem from the example that the home visitor had set, which the interviewee saw to be very professional and polite:

They really are out to help you. When she'd gone through everything on the computer and rang the utility provider, talked to her in a way that I wouldn't have talked to her, because when you're faced with an authority like a utility provider, they can seem very dominant. So she was very diplomatic, the way she talked to them.

Another expressed the confidence to follow up issues such as this themselves, feeling that it had equipped them to deal better with these companies: *'having the advice off [the home visitor] does give you a lot more confidence and you know what to actually say to companies'*. Another expressed confidence, but also felt that the call made by the home visitor had largely solved the issues: *'Yes, but I think because of what was done, I don't need to because it's all been done'*.

One interviewee, however, felt that contacting their utility provider would not be something they could do:

I don't know. I don't know is the honest answer to that because I've got no issues at the moment and it would...I suppose if anything did happen, that's when I would know but I do know that if there is any issues arising and I can't face it, then I know there's somebody there that can help me.

This and other comments reflected a potential level of dependency. This person, for example, implied that they did not feel they could match the confidence and level of knowledge of the home visitor:

No, not really because I'm one of them – I like to know the ifs, buts and the maybes and I don't think really sometimes when I look at my bill I know everything so I'd rather [the home visitor] do it because they don't argue with her. I'm one of them, if I don't know everything I'm not as forceful. If I know the ins and outs... basically I'll argue the toss but if I don't know all the information I daren't argue the toss, if you understand what I'm saying. I just felt as though with my anxiety and everything [the home visitor] just took all the pressure off me because basically she sorted it all out.

Another, whilst expressing some confidence, did raise concerns that the home visitor was better placed, through their professional context, to make the call and that individuals at home would not have this status:

Yes, I think I'd feel a little bit more confident about it. The fact that whether it was just the fact she was doing it on behalf of Changes4Warmth, so that would make a difference to their response, I don't know, because they think if she's persuading people or advising people, shall I say, about their bills and whatever, then it pays them to keep in her good books [laughs].

The confident person identified above also noted this, expressing the perception that what the home visitor had been able to do was more than a member of the public could manage: *'She got information out which I don't think an ordinary person, a layperson could actually do it because they wouldn't know the right way'*.

This implied dependency, for some of the interviewees at least, is not necessary a negative outcome. It does highlight, however, that some of the service users are likely to need ongoing support.

In terms of the need for repeat home visits, opinion was mixed. One interviewee stated that they had had four home visits but did not discuss why this had been needed. For another, they felt that the one interview had been enough for the moment: *'I've had one visit, but that basically sorted everything out for me'*. Beat the Cold's own records suggest that there had been more repeat visits than the interviewees suggest in their interviews: 6 of the interviewed service users had had 1 home visit, 3 had had 2, and 1 had had 6.

It was noted that the potential for an extra visit, if needed, was there and appreciated:

Yes, so I don't feel as if that was the only – that was it; I could only ask it then. I feel like I can pick up the phone at any time and say, 'Can you help me with this?'

No, because everything I wanted to know, I asked. I can't think of anything else since that I wanted information on because I know if I did want any more information, I can just phone up.

The interviews also suggest that assistance in contacting landlords may also be valuable, as interviewees mentioned issues that were beyond their control, which highlights the importance of dealing with the quality of houses alongside arrangements with utility providers:

(Interviewer) Is your landlord going to get back to you soon about it?

I don't know, to be honest with you, unless I pursue the matter. I suppose he'll just come when he decides to do it.

With having the old windows in, not PVC because they're wood ones, the cold's massive under there. Really cold. I've had a word with my landlord sometime last year and he just said basically leave it with him. I suppose when he's got the money for doing it.

I think that's due to a damp issue, but I did discuss it with [the home visitor] when she came, and obviously with it being a council property it's a council issue so...

(Interviewer) Have you gone through the council about it? I'm dealing with that at the minute, very slowly.

The part of the home visit in which the advisor takes the service user through contacting their utility provider is clearly an important element of it. For some service users, this gave them the confidence that they could follow up issues with the company independently, and one had since done this. For others, there was a degree of dependence on the advisor to do this, and they appreciated having the option of calling on this support again in the future.

3.5 The Warm Homes Discount

One particularly notable outcome of the visits was that interviewees learned about the Warm Homes Discount and were able to receive this. This is a discount of £140 taken off an individual's electricity bill if they meet criteria that include low income, health conditions, and being on certain means-tested benefits.

They gave evidence of the way this helped to relieve some of their financial stress – *'It boosted me immediately when I realized that I could get this extra'*. This interview implied that the financial savings opened up possibilities: *'It's because I know every year I get a discount on my electric because of my condition I have. It helps me to do things and that'*. Another related this saving directly to health: *'I'd say better in my health because I can have the heating on because I know I've got that £140'*.

Another related this to anxiety, with the discount reducing the extent to which they were worrying about their bills:

(Interviewer) Do you feel more or less comfortable at home?

(Interviewee) Yes, I feel as though I don't have to worry now having the heating or the electric on, whereas before I was like, 'Oh God, how much is this going to cost me?'

The interviewees were in agreement that they had not previously been aware of the Warm Homes Discount. Informing the service users of this opportunity, and helping them secure it through the phone calls to the utilities, can be understood to be an important part of the impact of the home visits:

I think it was having the £140, I was so shocked that I was entitled to it and that I'd been poorly for so long and nobody told me about it, and that would have been a great help with having fibro and I have to stay warm.

Yes. I didn't know anything about that until [the home visit] and she did the forms. So I got that through and I'm now £172 in credit on my electric. So that cheered me up, receiving that.

It follows that this highlights a potential inadequacy in approaches to promoting the Warm Homes Discount through mainstream media and that this more personalized approach may be important for particular groups of service users. It also suggests that the process involved in individuals securing this discount may be unnecessarily complex.

I recall only the issue that we could get this warm home discount, maybe because I haven't... I was so overwhelmed with that that I didn't realize there were other things that you could possibly get.

Again, I'll stress, if it's not for these volunteer organizations, no one would know about these things. We're not being told what we are, what we need to help ourselves run our own lives.

One reflected on the extent to which it would have been helpful to know about this opportunity previously:

Some days I'd be walking round with a fleece on, that's in your own home. I'm not on about a little fleece, I'm on about a big thick fleece, do you know one of these all-winter-weather ones? I'm not on about just a little, little thin thing and either extra layers as well.

The advisors were also able to help one interviewee who was on Economy 7 but was not benefiting from this – *'She did sort a lot out for me and I was on Economy 7 when I didn't need to be... so I got the money back that I'd been spending on that'* – and another to change provider to something more affordable for them – *'just have the comfort and peace of mind that I had... I wasn't on a provider that was going to be charging the earth'*.

3.6 Changing practice – a sense of control

Following the home visits, service users had recalled practical changes they had been advised to make. Taken together, these reflect the range of measures commonly associated with home energy efficiency advice. They included making changes to daily practices such as shutting doors and windows, not leaving appliances on standby, drawing curtains, only boiling the kettle for the amount of water that was needed, and turning off radiators in rooms that were not being used.

They also included making changes around the home to make it more energy-efficient including putting foil behind radiators, buying door curtains, placing balls in tumble driers, and installing energy-efficient light bulbs. One interviewee had purchased a kettle that let the user boil only the amount of water needed without having to keep returning to the sink to fill it up, saying that this was easier for them because of a condition with their hands. In one case the home visitor had helped to arrange for a boiler replacement.

One interviewee gave an example of the home visitor going through their different appliances with them and making sure they understood the potential energy savings that could be made:

Yes, one of them long heaters and it's always on because sometimes I have trouble with my washing machine, the pipes freeze up so I have it on low all through the winter and what happened was I'd forgot because the switch was behind the door and she kept saying to me 'I can't understand, we switched everything off'. 'The fish filter,' I says, 'has got to stay on,' so we started putting everything back on and she says 'It's still too high, even when we switched everything off. There's something still on,' and we found out it was the radiator in the washroom. It should be on about four, mine should be. I know whereabouts it should be now so then I know there's something not right.

One interviewee felt confident that they were already being efficient in their use of energy at home:

I haven't learned any more about keeping the house warm because I've always done it. I've always looked after my mother and my father when he was ill, so I've always learned to do that. I know the benefits of saving money and the costs of wasting money. I mean I never, ever leave anything on standby and I never have. I know a lot of people do and I know it's a hell of a waste of money.

Another had become more cost-conscious after a recent change in circumstances:

Not really because I know it sounds funny but ever since he left, I've been really conscious about turning everything off and turning all the lights off because I know I've got a finite amount of money. So I've been really conscious of that anyway.

These interviewees were exceptions, however, and it was more the case that interviewees reported having learned something they could do at home to save energy.

Where the interviewees had been provided with energy monitors, they were able to gain a better understanding of how much energy they were consuming and which activities and appliances were contributing most. This seemed to engender a sense of control and both that, and learning to manage the temperature of the home, contributed to a reduction in anxiety:

Oh, she's told me loads of things that I can do like tucking the curtains behind the radiators and draught excluders and all things like that. So yes.

(Interviewer) It's the little bits that add up, don't they, over time.

(Interviewee) They do so, yes, I'm more knowledgeable about where the energy is leaking from, so to speak.

Comfort related not only to temperature, then, but being at ease with managing the heating systems and thinking about energy bills: *'I'm feeling more comfortable in that respect because before I was worried about them. Now I can see what I'm using'; 'I'm more aware of how much things cost I think now'.*

Energy monitors that allowed householders to see in real time how much energy they were using enabled interviewees to see where energy was being used and, to an extent, take control of it:

'So your tumble drying's not on as long and I've done them off my own back because she's got me the [monitor] and we also found out with the [monitor] I'd got a radiator in the washroom on that I didn't know that was on in the warmer months because I'll always put it on in the winter.'

Another element to this was the thermometers that were given out as part of home visits, which included guidance as to when rooms were likely to be too warm or too cold. This interviewee implied that this helped them to judge how warm the room should be and therefore to judge when the heating should be turned on:

If I'm having a really bad day I know I can leave the heating on a bit longer, but I have learnt that the thing that they give you to keep an eye on how hot you're supposed to be.

3.7 The involvement of volunteers

Whilst the home visitors were paid staff, Changes Health and Wellbeing volunteers, who were themselves current mental health service users, were involved in the coordination and promotion of Changes4Warmth. The home visitors were experienced Beat the Cold staff who had had specific training around mental health, including participation over several days accompanying service users on the 12 step programme. Whilst there appeared to be a little confusion over whether the home visitors were volunteers or not, the interviewees certainly expressed support for the principle of volunteer involvement in the programme and implied in the interviews that this helped to create a close connection between them and the programme and that this helped to reduce anxiety and build trust.

One reason for this was that the volunteers could be seen to have empathy with the service users and understand their situation. The experience of heating a home, one interviewee argued, was different to people under less financial stress: *'People who are working who've got a full-time job aren't bothered. They can put the heating up... People who haven't struggled don't know what it's like'.* This mutual understanding was seen to be potentially beneficial –

'It might actually be an advantage in that the volunteers have a better understanding of some of the people that you're giving advice to' – and help them relate to the interviewee – 'I think the service user's got more chance of relating to that person'.

The involvement of volunteers also implied a level of integrity – *'If you paid somebody as a company it would just be a job wouldn't it?... I'm not saying they wouldn't [get] it right because they'd have to get paid for it and they've have to do it as a job... but the service user is more likely to want to help anyway...'*. The fact that the home visitors came to service users at their group meetings was also seen positively and it lent them an 'insider status': *'I think if it wasn't for the fact she came to the peer support meeting...'; 'I was actually in a peer group meeting when [the advisor] came in and introduced herself and handed out the leaflets'.*

Where householders had had repeated home visits, the ability to build a relationship with the home visitor was considered important: *'It's no good sending one person one week and one... You need that rapport basically. You need that trust'.*

Interviewees were overwhelmingly supportive of the involvement of volunteers. One person did raise the concern that a reliance on volunteers could result in people without appropriate skills performing the role: *'... not knocking anybody in particular, but there's been one or two situations where I feel perhaps the wrong person is doing the wrong job'.*

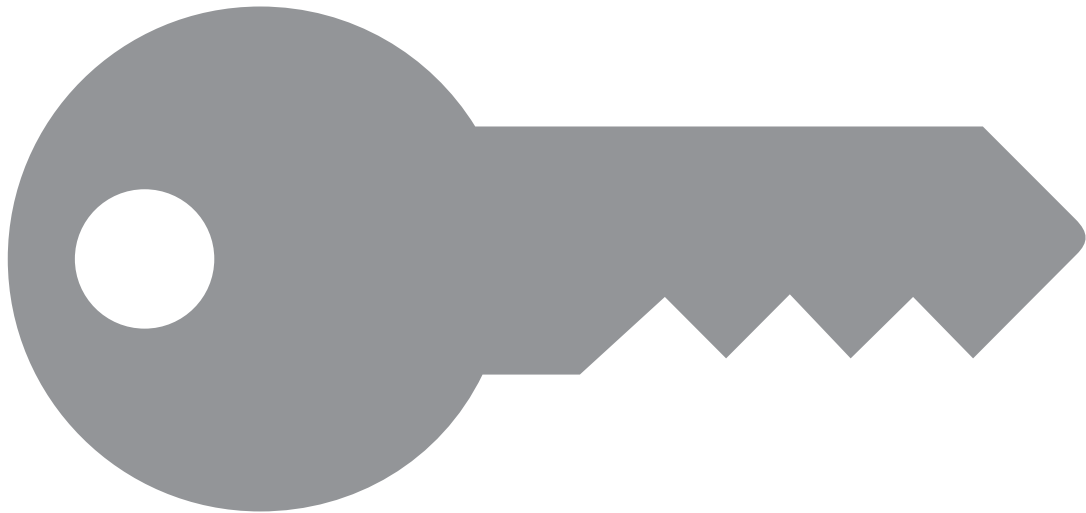
Another, who had been supportive of the work of the volunteers, did also raise an ethical concern about reliance on unpaid labour: *'It's so sad, I feel, in this country now that we're so much relying on volunteers and so much relying on charities when we're supposed to be, I'll say it again and I don't care, the seventh richest country in the world and we've got so many people needing help. What's gone wrong?'*

The evidence suggests, then, that the close involvement of the home visitors with the wider Changes Health and Wellbeing programme, and the involvement of Changes volunteers in the running of Changes4Warmth as a whole, afford the home visitors levels of perceived trustworthiness and integrity that help to reduce the anxiety of the service users and build their trust.



Dr Brenda Boardman and Dr Graeme Sherriff with Changes4Warmth staff and volunteers at a project launch event in March 2016.

4. Conclusions



4.1 Introduction

This set of interviews with mental health service users has contributed to the understanding of the relationship between cold homes and mental health and of the appropriateness and impact of a home visitor energy advisor approach. It has been noted that this study experienced difficulties in recruiting interviewers and interviewees, with the result being a smaller and less targeted sample than intended, the interviews provide some evidence about home visits delivered as part of the Changes4Warmth programme. As discussed in section 2, the purpose of the research was to provide an understanding of the experiences of a cohort of service users and it is therefore not possible to draw firm conclusions about how this group may differ from the general population in relation to fuel poverty.

4.2 Impact of the home visits

The majority of interviewees gave examples of the ways in which being cold and managing their home heating were related to their mental wellbeing. They related this to difficulties with mental health in a general sense, as well as aspects of wellbeing such as mood and motivation. There was also an example of a physical condition made worse by being cold, which in turn contributed to mental stress.

However, it is clear from the interviews that temperature and thermal comfort are only one element of this relationship and that it is also important to take into account the ways in which managing household energy bills create and add to stress and anxiety. 'Comfort' was used not only in terms of indoor

temperature but also in the sense of feeling at ease with household finances.

The home visitors were able to help the service users in a number of ways. Firstly, the calls to the utility providers helped to make sure that they were on the most appropriate tariff for them. Secondly, the Warm Homes Discount provided them with financial support that, in effect, reduced their household bill. Thirdly, they worked with the residents to look at issues in the home, such as poorly performing boilers, radiators that had been left on, and issues that they would need to raise with their landlord. Fourthly, they helped them to think through what they could do differently in the home to save energy. Finally, at least some of the residents were provided with information tools that could help them better understand their energy consumption: a thermometer card and an energy monitor.

The interviews indicate that the outcome was viewed positively by the service users. They report saving money, and this appears to have had a positive impact on the level of stress and anxiety associated with household finances, with some mentioning having previously been 'scared' to put the heating on. The information about energy-efficient practice appeared to add to this sense of control, with interviewees recounting that they now understood better where energy was 'leaking'. With energy efficiency advice often seen as 'preaching', the notion of helping people to regain control of energy bills provides a more positive framing.

The Warm Homes Discount was particularly well received and it is noteworthy that the service users were not aware of this,

even though it is clear that they benefit from it a great deal. This both highlights the value of these one-to-one targeted approaches and points at potential failings in mainstream communications about this opportunity.

For some interviewees, having the home visitor go through the process of contacting the utility provider was an empowering experience and they felt that they could raise similar issues in the future. Others were not so confident and felt that they would need further support in the future. This partly related to their own confidence, but interviewees also perceived that the professional standing of the advisor may have meant they could access discounts that ordinary members of the public could not. This implies that for some people there is a level of dependency on such external assistance and implies a benefit from the home visits being an ongoing process rather than a one-off opportunity.

4.3 Concluding remarks

Interviewees appreciated the service being offered by Changes4Warmth, and found that the advisors approached the home visits with a flexible and understanding approach that helped to put them at ease. The close involvement of the advisors with the wider Changes Health and Wellbeing programme, and of service users as volunteers in its wider coordination, helped to reduce anxiety amongst service users and to build trust. In particular, this close involvement was seen to bring with it levels of empathy and integrity. Whilst knowledge about energy efficiency is clearly an important part of the home visitors' skill set, then, so is the ability to understand and accommodate the varying needs of the service users.

There are two things that are useful to note in closing. Firstly, it is clear from the interviews that not all resulted in increases in energy efficiency. Where the Warm Homes Discount enabled interviewees to have fewer concerns about their bills and to be less anxious about using the heating, they implied that they began to use more energy for heating. This had clear benefits for their health and is certainly not to be criticized. It does, however, serve to remind us that not everyone is a profligate

consumer who needs to be told to be energy-efficient; some are struggling to get the energy they need to stay healthy and need help in getting to a basic level of consumption. Secondly, and related to this, is the importance of the quality of housing. Several interviewees mentioned issues with damp and draughts and were reliant on their landlords to fix these. However good the advice is on energy tariffs and behavioural change, the quality of housing will continue to be a limiting factor. In many cases the most vulnerable will be in private rented accommodation and therefore dependent on their landlords to make improvements.

This implies a threefold strategy in helping avoid the negative health impacts of cold homes and the stresses associated with keeping on top of energy bills: financial help through tariff switching and discount schemes, changes in practice in the home, and improvements to the thermal performance of building stock.

Changes4Warmth has developed a particular approach that can respond to the challenges mental health service users face in managing energy in their homes. This research provides evidence that it is having a beneficial effect on a group of service users, equipping them with knowledge that can help them reduce energy consumption and helping them to find the most appropriate tariffs and financial support for them. It provides evidence that the interviewees experienced beneficial health impacts as a result of being able to keep warm and worry less about their energy bills. The research suggests that the home visitors combine a knowledge of energy efficiency and the world of energy tariffs and discounts with a flexible and understanding approach that takes into account the needs of the service users. Their close involvement with the Changes programme is seen to bring levels of empathy and integrity that helps to reduce anxiety and build trust.

Overall this research highlights the extent to which working with the most marginalised and vulnerable to alleviate fuel poverty is a time-consuming, complex and challenging process that requires support from organisations who are well-placed to understand and respond to their needs.

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